

APPROVAL FOR STUDY ABROAD

Name:			PID #:		
Major:			Advisor:		
Year: (Circle one)	ear: (Circle one) Freshman Sophomore Junior Senior what University/College do you intend to study?		transferred subject to review upon receipt of Official Transcript:		
			L		
		(Country)	Other Americ	se College (Specify:) an College (Non SUNY)	
Dates of Off-Campus study: Fall 20 only Spring 20 only Summer 20 Winter session 20 Academic Year 20 20			Other (Specif Visiting Stude	y:) y:) ent (Non-Sponsored) :)	
				ves are for going abroad.	
Please indicate acade	emic program t	o be followed, ir	ncluding course titl	es (attach catalog descriptions)	
	ALL S	GIGNATURES ARE	REQUIRED FOR FIN	IAL APPROVAL	
Dir of Int'l Ed. Signat	ure	Faculty Advis	or Signature	Associate Dean Signature	

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE STUDY ABROAD STUDENTS MUST ALSO COMPLETE AN APPLICATION TO TRANSFER CREDITS

FOF	OFFICE USE ON	LY: ALOA: Y / N	FROMT	0
UPDATED:	BANNER	MEMO	DATE	INITIAL